

In the claims:

1-112. **(Cancelled)**

113. **(Currently amended)** A method for inducing a therapeutic host immune response against a multi-epitopic *in vivo* antigen that does not elicit an effective host immune response, the method comprising:

contacting a multi-epitopic antigen present in a host's serum with a composition comprising a binding agent that specifically binds to a first epitope on the antigen, the binding agent present in the composition being non-radiolabeled, and allowing the binding agent to form a binding agent/antigen pair, whereby an effective host T cell response is elicited against a ~~second epitope on the antigen~~ in-on the binding agent/antigen pair.

114-116. **(Cancelled)**

117. **(Currently amended)** The method of claim 113, further comprising a humoral immune response against a second epitope on the antigen.

118. **(Previously presented)** The method of claim 113, wherein the multi-epitopic *in vivo* antigen is a soluble antigen.

119. **(Previously presented)** The method of claim 118, wherein the soluble antigen is a soluble tumor-associated antigen.

120. **(Previously presented)** The method of claim 118, wherein the soluble antigen is associated with a human cancer.

121-122. **(Cancelled)**

123. **(Previously presented)** The method of claim 113, wherein the binding agent is an antibody or a polypeptide including an antigen binding portion thereof.

124. **(Cancelled)**

125. **(Currently amended)** The method of claim 123, wherein the antibody is B43.13 which is ~~produceable~~producible by a hybridoma having ATCC deposit number PTA-1883.

126-128. **(Cancelled)**

129. **(Previously presented)** The method of claim 113, wherein the antigen is CA125.

130. **(Previously presented)** The method of claim 129, wherein the level of CA125 in the host's serum is greater than 100U/ml.

131. **(Previously presented)** The method of claim 123, wherein the antigen is a soluble circulating antigen and the antigen is contacted with a sufficient amount of antibody to present all the circulating antigen to the immune system.

132. **(Previously presented)** The method of claim 113, wherein the antigen is contacted with binding agent in an amount of from 0.1 µg to 2 mg per kg of body weight of the host.

133. **(Previously presented)** The method of claim 132, wherein the antigen is contacted with binding agent in an amount from 1 µg to 200 µg per kg of body weight of the host.

134. **(Previously presented)** The method of claim 133, wherein allowing the binding agent to form a binding agent/antigen pair presents other epitopes on the antigen to the host's immune system.

135. **(Currently amended)** A method for inducing a therapeutic host immune response against a multi-epitopic *in vivo* antigen that does not elicit an effective host immune response, comprising administering to the host a composition comprising a binding agent that specifically binds to an epitope on the antigen, the binding agent present in the composition being non-radiolabeled, thereby forming a binding agent/antigen pair, whereby an effective host T cell

response is elicited against ~~a second epitope~~ of the antigen, the binding agent being present in the composition in an amount of from 0.1 µg to 2 mg per kg of body weight of the host.

136. **(Cancelled)**

137. **(Previously presented)** The method of claim 135, wherein the antigen is a soluble antigen.

138. **(Previously presented)** The method of claim 135, wherein the antigen is a tumor antigen.

139. **(Previously presented)** The method of claim 137, wherein the antigen is a tumor antigen.

140. **(Cancelled)**

141. **(Previously presented)** The method of claim 113, wherein the composition comprising a binding agent further comprises one or more adjuvants, one or more carriers, one or more excipients, one or more stabilizers, one or more pharmaceutically acceptable carriers and/or physiologically acceptable saline.

142. **(Previously presented)** The method of claim 113, wherein contacting comprises administering by any immunologically suitable route.

143. **(Previously presented)** The method of claim 142, wherein administering by any immunologically suitable routes comprises intravenous, subcutaneous, intraperitoneal, intradermal, intramuscular, or intralymphatic routes.

144. **(Previously presented)** The method of claim 142, wherein administering by any immunologically suitable route comprises administering in solution, tablet, or aerosol form.

145-169. **(Cancelled)**

170. **(Previously presented)** The method of claim 135, wherein the composition comprising a binding agent further comprises one or more adjuvants, one or more carriers, one or more excipients, one or more stabilizers, one or more pharmaceutically acceptable carriers and/or physiologically acceptable saline.

171. **(Previously presented)** The method of claim 135, wherein the composition is administered by any immunologically suitable route.

172. **(Previously presented)** The method of claim 171, wherein administering by any immunologically suitable route comprises intravenous, subcutaneous, intraperitoneal, intradermal, intramuscular, or intralymphatic routes.

173. **(Previously presented)** The method of claim 171, wherein administering by any immunologically suitable route comprises administering in solution, tablet, or aerosol form.

174. **(Currently amended)** A method for inducing a therapeutic host immune response against a multi-epitopic *in vivo* antigen that does not elicit an effective host immune response, the method comprising contacting a multi-epitopic *in vivo* antigen present in a host's serum with a composition comprising a binding agent that specifically binds to an epitope on the antigen, the binding agent present in the composition being non-radiolabeled, and allowing the binding agent to form a binding agent/antigen complex, wherein the binding agent/antigen complex elicits an effective host ~~T-cell~~humoral immune response against a second epitope of the multi-epitopic *in vivo* antigen.

175-179. **(Cancelled)**

180. **(Previously presented)** The method of claim 174, wherein the multi-epitopic *in vivo* antigen is a soluble antigen.

181. **(Previously presented)** The method of claim 180, wherein the soluble antigen is a soluble tumor-associated antigen.

182. **(Previously presented)** The method of claim 180, wherein the soluble antigen is associate with a human cancer.

183-184. **(Cancelled)**

185. **(Previously presented)** The method of claim 174, wherein the binding agent is an antibody or a polypeptide including an antigen binding portion thereof.

186. **(Cancelled)**

187. **(Currently amended)** The method of claim 174, wherein the binding agent is B43.13 which is ~~produceable~~ producible by a hybridoma having ATCC deposit number PTA-1883.

188-189. **(Cancelled)**

190. **(Previously presented)** The method of claim 185, wherein the antibody is a non-human antibody.

191. **(Previously presented)** The method of claim 174, wherein the antigen is CA125.

192. **(Previously presented)** The method of claim 191, wherein the level of CA125 in the host's serum is greater than 100 U/ml.

193. **(Previously presented)** The method of claim 185, wherein the antigen is soluble circulating antigen and the antigen is contacted with a sufficient amount of antibody to present all the circulating antigen to the immune system.

194. **(Previously presented)** The method of claim 174, wherein the antigen is contacted with binding agent in an amount from 0.1 µg to 2 mg per kg of body weight of the host.

195. **(Previously presented)** The method of claim 194, wherein the antigen is contacted with binding agent in an amount from 1 µg to 200 µg per kg of body weight of the host.

196. **(Cancelled)**

197. **(Previously presented)** The method of claim 174, wherein the composition comprising a binding agent further comprises one or more adjuvants, one or more carriers, one or more excipients, one or more stabilizers, one or more pharmaceutically acceptable carriers and/or physiologically acceptable saline.

198. **(Previously presented)** The method of claim 174, wherein contacting comprises administering by any immunologically suitable route.

199. **(Previously presented)** The method of claim 198, wherein administering by any immunologically suitable route comprises intravenous, subcutaneous, intraperitoneal, intradermal, intramuscular, or intralymphatic routes.

200. **(Previously presented)** The method of claim 198, wherein administering by any immunologically suitable route comprises administering in solution, tablet, or aerosol form.

201. **(Currently amended)** A method for inducing a therapeutic host immune response against a multi-epitopic *in vivo* antigen that does not elicit an effective host immune response, comprising administering to the host a composition comprising a binding agent that specifically binds to an epitope on the antigen, the binding agent present in the composition being non-radiolabeled, thereby forming a binding agent/antigen complex, whereby an effective host ~~T-cell~~humoral immune response is elicited against a second epitope on antigen ~~the binding agent/antigen complex~~, the binding agent being present in the composition in an amount of from 0.1 µg to 2 mg per kg of body weight of the host.

202. **(Previously presented)** The method of claim 201, wherein the antigen is a soluble antigen.

203. **(Previously presented)** The method of claim 201, wherein the antigen is a tumor antigen.

204. **(Previously presented)** The method of claim 202, wherein the antigen is a tumor antigen.

205. **(Cancelled)**

206. **(Previously presented)** The method of claim 201, wherein the composition comprising a binding agent further comprises one or more adjuvants, one or more carriers, one or more excipients, one or more stabilizers, one or more pharmaceutically acceptable carriers and/or physiologically acceptable saline.

207. **(Previously presented)** The method of claim 201, wherein the composition is administered by any immunologically suitable route.

208. **(Previously presented)** The method of claim 207, wherein administering by any immunologically suitable route comprises intravenous, subcutaneous, intraperitoneal, intradermal, intramuscular, or intralymphatic routes.

209. **(Previously presented)** The method of claim 207, wherein administering by any immunologically suitable route comprises administering in solution, tablet, or aerosol form.

210-234. **(Cancelled)**

235. **(Currently amended)** The method according to any one of claims 117-120, 129, 130, 132-135, 137-139, 141-144, ~~170-175~~170-174, 180, 182, 191-192, ~~194-204~~194, 195, 197-204, ~~or~~ and 206-209 wherein the binding agent is an antibody.

236. **(Previously presented)** The method of claim 235, wherein the antibody is a murine monoclonal antibody.

237. **(Previously presented)** The method of claim 235, wherein the antibody is an Ab1 antibody.

238. **(Previously presented)** The method according to any one of claims 123, 185, 190, or 193, wherein the antibody is an Ab1 antibody.

239. **(Previously presented)** The method according to claim 123 or 185 wherein the antibody or polypeptide including an antigen binding portion thereof is selected from the group consisting of a chimeric monoclonal antibody, a genetically engineered monoclonal antibody, a Fab fragment, a F(ab')₂ fragment, and a single chain fragment.

240. **(Cancelled)**

241. **(Previously presented)** The method according to claim 113, wherein the T cell response is directed against a host cell of the patient.

242. **(Previously presented)** The method according to claim 241, wherein the host cell of the patient is a cancerous cell.

243. **(Withdrawn)** The method according to claim 113, wherein the antigen is a cell-surface-associated antigen with a carbohydrate moiety.

244. **(Withdrawn)** The method according to claim 243, wherein the cell-surface associated antigen is a tumor-associated antigen.

245-246. **(Cancelled)**

247. **(Withdrawn)** The method according to claim 113, wherein the binding agent is photoactivated.

248. **(Withdrawn)** The method according to claim 135, wherein the binding agent is photoactivated.

249. **(Withdrawn)** The method according to claim 174, wherein the binding agent is photoactivated.

250. **(Withdrawn)** The method according to claim 201, wherein the binding agent is photoactivated.

251. **(Currently amended)** The method of claim 135, further comprising a humoral immune response against a second epitope on the antigen.

252-253. **(Cancelled)**

254. **(Previously presented)** The method of claim 113, wherein the binding agent is administered in a 2 mg dosage.

255. **(Previously presented)** The method of claim 135, wherein the binding agent is administered in a 2 mg dosage.

256. **(Previously presented)** The method of claim 174, wherein the binding agent is administered in a 2 mg dosage.

257. **(Previously presented)** The method of claim 201, wherein the binding agent is administered in a 2 mg dosage.